

CASE FILE NUMBER: _____

(FOR OFFICE USE ONLY)

AD-1086
FORM APPROVED
OMB NO. 0505-009**U.S. DEPARTMENT OF AGRICULTURE APPLICANT SUPPLEMENTAL SHEET**

Applicants for positions with the U.S. Department of Agriculture (USDA) are requested to provide the following information for statistical purposes only. The information will be used to evaluate USDA'S recruitment and hiring activities. Public Law 93-579 (Privacy Act of 1974) permits solicitation of personal information. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Your failure to do so will not affect the processing of your application. Your cooperation is appreciated.

1. Which of the following best describes your current employment status? (Check no more than two.)

- ☐ 01 College/university teaching or research
☐ 02 Private industry
☐ 03 State/local government
☐ 04 Federal government
☐ 05 Member of the military
☐ 06 Unemployed
☐ 07 Current USDA employee
☐ 08 Other: _____

2. Which of the following describes your veteran preference status? (Check one.)

- | | |
|---|--|
| <input type="checkbox"/> 01 None | <input type="checkbox"/> 04 10 point compensable |
| <input type="checkbox"/> 02 5 point | <input type="checkbox"/> 05 10 point other |
| <input type="checkbox"/> 03 10 point disability | <input type="checkbox"/> 06 10 point/30% compensable |

3. Which of the following describes your race/national origin? (Check one.)

- ☐ A American Indian/Alaskan Native
☐ B Asian or Pacific Islander
☐ C Black, not of Hispanic origin
☐ D Hispanic
☐ E White, not of Hispanic Origin
☐ Y Not Hispanic, Puerto Rico
☐ Q All Other Asian or Pacific Islander in Hawaii

4. Which of the following best describes your disability status? (Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> 01 No disability | <input type="checkbox"/> 06 Complete paralysis |
| <input type="checkbox"/> 02 Hearing impairment | <input type="checkbox"/> 07 Convulsive disorder |
| <input type="checkbox"/> 03 Vision impairment | <input type="checkbox"/> 08 Mental retardation |
| <input type="checkbox"/> 04 Missing extremities | <input type="checkbox"/> 09 Mental or emotional illness |
| <input type="checkbox"/> 05 Partial paralysis | <input type="checkbox"/> 10 Severe distortion of limbs and/or spine |
| | <input type="checkbox"/> 11 I have a disability not listed |

5. Are you: (Check one.) ☐ Male ☐ Female**THANK YOU FOR FILLING OUT THIS FORM**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0505-0009. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

THE DEPARTMENT OF AGRICULTURE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER